

APPLICATION FORM

(If you have applied to the competition for more than one packaging product, please fill in the form for each.)



Katılımcı;

Company Name	
Company Address	
Phone & Fax	
e-mail - web site	
Invoice Details Please specify if different from the mentioned above Company Name/ Address Tax Office and Number	TAX OFFICE : TAX NUMBER:

Contact Person;

Name Surname	
Title / Position	
Phone / Fax / Mobile	
e-mail	

Name of the Packaging;

Name of the Packaging	
Manufacturer Company / Country-City	Packaging: Bottle (Glass/PET): Lid: Label: Box(Metal/Cardboard):
*Write detailed information:	
Packaging Filler Company (Brand Owner) / Country-City	
Designer Name, Surname	

Please tick one of the following:

- ☐ Designer is the permanent and waged employee of the attendee company
- ☐ Designer is freelancer
- ☐ The designer is the waged and permanent employee of the packaging manufacturers.

Competition Category

(Please select one category):

- ☐ Beverages
- ☐ Food
- ☐ Home-Automotive-Office Appliances, Equipment and Disposables
- ☐ Industrial and Transportation Packages
- ☐ Other Non-Food Packaging
- ☐ Electronic and Electrical Goods
- ☐ Health and Cosmetic Products
- ☐ Pharmaceuticals
- ☐ Packaging Materials ve Components
- ☐ Point of Sale, Presentation and Storage Products
- ☐ Flexible Packaging
- ☐ Graphic Design
- ☐ Luxury Packaging

Application Date;

Representative from Applicant Company;

Name, Surname;

Stamp and Signature;

- ☐ I declare on behalf of myself and my company that all information provided in this application is complete and correct. We have obtained the necessary permissions from the Packaging Manufacturer / Brand Name Owner / Designer of the Packaging for the product we apply.

PAYMENT DETAILS

- ☐ I transferred/paid at __/__/2026 to QNB Bank – Koşuyolu Branch / Swift Code: FNNBTRISXXX IBAN NO: TR68 0011 1000 0000 0153 0513 16 ASD-Packaging Manufacturers Association Account.
- ☐ I here in accept Euro to be withdrawn from the credit card of which details are given below

Credit Card Number	
Expiration Date	
Security Code	

Full Name of Card Holder	
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